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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (M.R. 481B)

**FEET TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

395.00

Complete if Known

Application Number	10/716,369
Filing Date	November 18, 2003
First Named Inventor	LEE
Examiner Name	Margaret G. Moore
Art Unit	1712
Attorney Docket No.	5853-464

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METHOD OF PAYMENT (check all that apply)

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
- 3 or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) Request for Continued Examination (RCE) Filing Fee (\$395.00)

395.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 46,803	Telephone 561-653-5000
Name (Print/Type)	Neil R. Jeter		Date 01/05/06

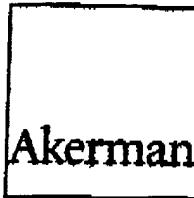
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FAX COVER SHEET

From: Neil R. Jetter

Date: January 5, 2006PLEASE DELIVER 35 PAGE(S) (including cover sheet) TO:

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Fax Number: (571) 273-8300

Examiner: Margaret G. Moore

Serial No.: 10/716,369

Inventors: LEE et al.

Docket No.: 5853-464

Please call (561) 653-5000, Ext. 30005 if you do not receive all the pages.

Comments/Special Instructions

Enclosures:

Transmittal Form (1 page)
Fee Transmittal Form (1 page)
Request for Continued Examination Form (1 page)
Reply to Final Office Action (13 pages)
Drawing Replacement Sheets, Figs. 1(a) and 1(b) (2 pages)
Appendix A (4 pages)
CV (12 pages)
This Fax Cover Sheet (1 page)

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{WP226374;1}

PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/716,369
Filing Date	November 18, 2003
First Named Inventor	LEE
Art Unit	1712
Examiner Name	Margaret G. Moore

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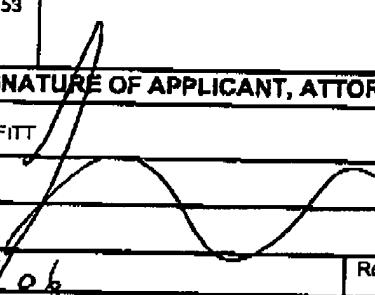
Attorney Docket Number

5853-454

ENCLOSURES (Check all that apply)

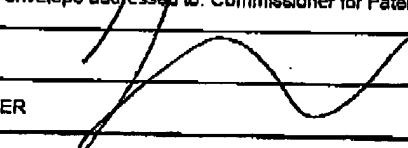
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Drawing Replacement Sheets, Figs. 1(a) and 1(b), RCE Transmittal Appendix A, Copy of CV, and Fax Cover Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD, Number of CD(s)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Remarks
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		Authorized to charge \$395.00 (RCE filing fee) and any fee deficiencies to Deposit Account No. 50-0951
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	NEIL R. JETTER		
Date	11/05/06	Reg. No.	46,803

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Typed or printed name	NEIL R. JETTER	Date	11/05/06

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